

THE VISN 5 MIRECC MATTERS

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FROM THE EDITOR'S DESK

Amanda Teague, LGSW

The VISN 5 MIRECC would like to congratulate the Maryland Psychiatric Research Center (MPRC) in celebrating 25 years of service and science! We are honored to be associated with the MPRC which has dedicated many years in the study of the manifestations, causes, and innovative treatments of schizophrenia. In celebration of its 25th anniversary, a scientific symposium will be held at the University of Maryland Baltimore on September 18th and 19th, 2002 featuring speakers from around the world. The topics will be presented by pairing an outside expert scientist with an MPRC scientist who shares knowledge on relevant topics to produce an exciting program. **Nancy Andreasen, MD, PhD** and **William Carpenter Jr., MD** will discuss the phenomenology of schizophrenia; **Patricia Goldman-Rakic, PhD** and **Robert Buchanan, MD** will discuss cognition in schizophrenia; **Jonathan Cohen, MD, PhD** and **Henry Holcomb, MD** will highlight recent advances in functional brain imaging; and **Arvid Carlsson, MD** and **Robert Conley, MD** will discuss treatments. The second day will feature **Solomon Snyder, MD, PhD** and **Robert Schwarcz, PhD** who will present data on the role of glia in brain function followed by **Joseph Coyle, MD** and **Carol Tamminga, MD** who will discuss the role of glutamatergic systems in schizophrenia. Scientific posters from all MPRC scientists will also be presented to demonstrate the breadth and quality of research being conducted at the MPRC. For more information, please refer to Upcoming Events listed below. We hope you can join us in celebrating with the Maryland Psychiatric Research Center on 25 years of success in serving the community!

SOCIAL SKILLS GROUP OVERFLOWS IN THE PHP!

Submitted by Sarah Morris, PhD

Since November 2001, the MIRECC has been conducting bi-weekly Social Skills Training groups at the Baltimore VAMC Partial Hospitalization Program (PHP). Based on an empirically tested social skills training model for patients with serious mental illness, therapists **Sarah Morris, PhD**, **Doraethia Shorter, MA**, and **Amy Buchanan, BA** teach conversation skills, conflict management, assertiveness training, community living, and friendship/dating skills. Participants role-play the steps of each skill multiple times and are encouraged to bring situations from their daily lives into the sessions.

The groups have been very well received by patients and staff and, as the Partial Hospitalization Program has developed and expanded, attendance at the groups has increased dramatically. As a result, we have expanded to offer two groups! We hope that the groups will continue to grow, providing a valuable service for these patients and practical skills they can take with them into the community. This looks like the beginning of a successful collaboration between the MIRECC and the PHP.

MOTIVATIONAL INTERVIEWING IN THE TREATMENT OF SUBSTANCE USE DISORDERS

Submitted by Melanie Bennett, PhD

Motivational Interviewing (MI) is a way to help people recognize a problem and begin to do something about it. It is intended to help a person think about the reasons for change, to view change as both necessary and good, and to inspire a person's own internal reasons and motivations as the engine that drives change. MI was developed with the goal of helping people to resolve ambivalence about change, meeting people where they're at in terms of readiness to change, and incorporating elements of effective interventions into one clinical approach. Motivation is seen as a state of readiness or eagerness to change, which can vary from one time or situation to another. Importantly, the MI perspective is that a clinician can help a client by increasing motivation and eagerness to change. Miller and Rollnick (1991) have summarized the elements underlying MI in four basic principles: (1) express empathy; (2) develop discrepancy; (3) roll with resistance; (4) support self-efficacy.

First, an empathic therapist style is one of the hallmarks of MI. The therapist seeks to understand the client's feelings and perspectives without judging, criticizing, or blaming. The central attitude in MI is respectful listening with a desire to understand the client's perspective. By communicating acceptance of clients as they are, they are free to change.

Second, when a behavior is seen as conflicting with important personal goals, such as health, family, or success, change is likely to occur. A goal of MI is to develop discrepancy - to increase it and amplify it until it overrides present behavior. The person, rather than the therapist, should present the arguments for change. This allows for the client's perceptions to change without creating a feeling of being pressured or coerced.

Third, the amount of resistance that a client shows during a session is often the best predictor of whether they will change a problem behavior. MI accepts that resistance is normal when one is confronted with new information, and that therapists should avoid arguing with clients about what is needed for change. Rolling with resistance includes involving the client actively in the process of problem solving. Reluctance and ambivalence are not opposed but are viewed as normal and natural. Finally, if a person perceives no hope for change, then no effort will be made. A client cannot consider change unless he/she thinks change is possible. Self-efficacy refers to a person's belief in his or her ability to carry out and succeed with a specific task. Self-efficacy is a key element in motivation for change and a good predictor of treatment outcome with addictive behaviors. Overall, the best arguments and plans for change come from the client.

Motivational interviewing has been applied in programs targeting a wide variety of problems including smoking, alcohol and drug use (cocaine and heroin), HIV risk behaviors, sexual offenses, diabetes, pain management, and cardiovascular rehabilitation. There have been numerous tests of MI as both a precursor to treatment and as an add-on to treatment-as-usual in both inpatient and outpatient settings, with a range of patient populations. Overall the literature finds that MI does much to enhance behavior change generally, to reduce substance use more specifically, and is an effective strategy for raising client motivation, increasing treatment attendance, and reducing substance use in a range of clinical populations. The first test of MI came in a study of The "Drinker's Check-up" (DCU), a single-session intervention that involved personal feedback on alcohol-related impairment delivered by an empathic therapist. At a 6-week follow-up, those who received the DCU showed greater reductions in drinking than those randomized to a waiting list. After receiving the DCU, those on the waiting list showed comparable decreases in their drinking, and both groups maintained improvement a year later. More recently, Motivational Enhancement Therapy (MET), based on MI, was one of the three treatments tested in Project MATCH, a large, multi-site intervention study for individuals with alcohol dependence. The first

two MET sessions consisted of a Drinker's Check-Up and an individualized change plan delivered in a motivational interviewing style, while remaining sessions involved reviewing client progress, re-examining reasons for change, and adjusting the change plan. At the three-year follow-up, participants who received MET showed significant reductions in drinking and related problems, comparable to the other treatments under study.

While MI began as an intervention with drinkers and alcohol dependence, it is now being applied to a range of behavior change efforts. There is growing literature using MI with drug abusing populations, including amphetamine users, patients on methadone maintenance, marijuana users, and patients with cocaine dependence. Overall, MI has been a promising addition to the repertoire of strategies available for helping drug abusers change, and these studies have found that patients who received MI showed greater attendance at and retention in treatment, lowered use, and lower rates of problems. MI also has been found to be useful with difficult-to-treat populations, including psychiatric and dual diagnosis patients. Many studies have found that patients who receive brief motivational interventions show better rates of attendance in treatment, greater compliance with treatment, and lower rates of treatment dropout.

In summary, MI has been shown to consistently yield beneficial treatment effects that appear to be relatively enduring. The concept of MI has been applied in many creative ways and in a wide range of clinical settings. As this literature grows, we will have a better understanding of what aspects of this intervention resonate with people and helps them to change.

RISPERIDONE LONG-ACTING INJECTION

Submitted by Matthew Nelson, PharmD

A one-year, open-label study examining the efficacy and safety of Risperdal Consta™ (Risperidone Long-Acting Microspheres) in adults with schizophrenia or schizoaffective disorder is being conducted at the VAMHCS. This is a multi-centered study sponsored by Janssen Pharmaceutica Inc. and will involve 80 participants, including eight from the VAMHCS. Currently, Risperidone Consta™ is under investigation in phase III trials and would be the first long-acting injectible atypical antipsychotic available for the treatment of schizophrenia and schizoaffective disorder.

Risperdal Consta™ differs in formulation from currently available long-acting injectible antipsychotics such as fluphenazine decanoate (Prolixin) and haloperidol decanoate (Haldol). After injection the drug is slowly released over a period of weeks. Previous studies with Risperdal Consta™ have evaluated the efficacy and safety of the drug given as an injection every two weeks. There is some evidence that a longer interval between Risperdal Consta™ injections may be feasible. The current study will evaluate the injection being given every four weeks. The main endpoint of the study will be the evaluation of relapse rates during a one-year time period.

VISN 5 MIRECC investigators **Robert R. Conley, MD** and **Matthew Nelson, PharmD** are the primary site investigators for the study and will be assisted by **John Butchart, MD**, **Rhonda Reynolds, RN** and **Patricia Steiner, BA**.

GENERALIZATION OF TRAINING IN SCHIZOPHRENIA

Submitted by Wendy Tenhula, PhD

Although social skills training is an effective strategy for teaching social skills to people with schizophrenia, we do not know how much patients actually use the skills they have learned when they are outside of the treatment setting. We also do not know what the role of cognitive impairment is in possibly preventing patients from learning and/or from using new skills. "Generalization of Training in Schizophrenia" is a research project focused on helping patients with schizophrenia improve their work-related social skills and on understanding the relationship between cognitive impairments and functional outcomes. The study is funded by a VA Merit Review Entry Program grant awarded to **Wendy Tenhula, PhD** with **Alan S. Bellack, PhD** as a mentor.

Outpatients at Perry Point VAMC who have Incentive Therapy / Productive Activity assignments are being invited to participate. After veterans who are interested have consented to be in the study, we ask each of them to complete a number of cognitive tests and a role-play task that assesses social problem solving ability. Next the veteran receives training on problem-solving tasks so that we can see whether training "generalizes" from one type of problem solving task to another, followed by an 8-session social skills training group. In the group, patients learn work-related social skills such as how to start, maintain, and end conversations with co-workers, how to make requests of supervisors, and how to respond to criticism. A very important and exciting part of the study involves interviewing the veterans' work supervisors to assess the veterans' social skills at work, work habits, work quality, etc., and to assess whether social skills training has an impact on how the patients are performing at their job assignments.

The first patients have completed their social skills training group and we recently started a second group. The study will be ongoing until 2004. We will keep everyone updated as we learn more. Our hope is that this investigation will help us to better predict which patients may profit from skills training, identify targets for cognitive rehabilitation, and develop more effective rehabilitation techniques to improve vocational functioning and quality of life among individuals with schizophrenia.

RESEARCH SURVEY

In order to better understand patients' perceptions about participating in a research study, **Cynthia Clark, RNC** will be conducting a survey with patients with various diagnoses in the Baltimore VAMC Mental Health Clinic and the Partial Hospitalization Program. The survey will be completed anonymously. There are ten questions, which explore prior experiences with research studies, perceptions about signing consent forms, confidentiality issues, and the differences between research and treatment. Information gathered from the survey will be used to develop an educational pamphlet on research for patients and their families.

VIRTUAL VOICES AGAIN!

If you missed it last time there will be another session of the experiential workshop "Virtual Voices" offered on Wednesday, September 18th from 2:00 PM-3:30 PM in the Community Room (6C 160) of the Baltimore VA Partial Hospitalization Program. This session is open to VA Health Care System staff in order to help increase their awareness of veterans who experience auditory hallucinations. Please contact **Cindy Clark, RNC** (410-605-7298) to sign up. We hope you can make it!

CONGRATS ARE IN ORDER!

We are pleased to announce that **Jean Gearon, PhD** has recently accepted an appointment as the Acting Director of the Clinical Core of the MIRECC. **Dr. Gearon** is a MIRECC Investigator and an Assistant Professor at the University of Maryland, School of Medicine. She is the Principal Investigator on a NIDA grant and also directs a VA Cooperative study on the treatment of PTSD in women veterans at the VAMHCS. She has been involved with mental health services at VAMHCS ever since her Pre-doctoral Internship at the Baltimore Division in 1995-1996. Congratulations **Dr. Gearon**; we look forward to your involvement in the Clinical Core!

We would also like to say thank you to **Joseph Liberto, MD** who has recently resigned as Clinical Core Director of the MIRECC in order to devote full time to his responsibilities in the Mental Health Service Line. Thank you, **Dr. Liberto**, for all of your hard work and important contribution!

Please join us in congratulating Lisa Dixon, MD, MPH who was recently appointed Vice Chair of the University of Maryland Baltimore Institutional Review Board (IRB). **Dr. Dixon** will serve on the IRB in addition to her positions of Director to the MIRECC Research Core and Associate Professor at the University of Maryland, School of Medicine. Congratulations **Dr. Dixon**!

UPCOMING EVENTS

September 18, 2002 9:00 AM – 5:30 PM

September 19, 2002 9:00 AM – 12:00 PM

Pioneers in Neuroscience Research: A Scientific Symposium on Schizophrenia

Location: University of Maryland School of Nursing Auditorium, Baltimore, MD

Continental breakfast and lunch will be provided

There is no charge for the symposium. Please see above article for more details.

Advance registration is required. Please RSVP to mprc25@mprc.umaryland.edu by Friday, September 6, 2002

September 23, 2002

8:30 AM – 4:15 PM

Double Trouble: Substance Abuse and Mental Illness

Location: US Fish and Wildlife Service National Conservation Training Center, Shepherdstown, WV
(located 8 miles from the Martinsburg VAMC)

This one-day conference will cover issues related to the assessment and treatment of veterans with both substance abuse and severe mental illness. Topics will include: psychopharmacological management, non-pharmacological treatment, integrated services, and psychopathology.

To register or for more information, contact Gwen Kergides 1-800-949-1003, ext. 1857 or Gwen.Kergides@lrn.va.gov

November 9, 2002

8:30 AM – 12:00 PM

Mental Illness and Substance Abuse: A Family Perspective

Location: Baltimore VAMC Auditorium

Lunch will be provided

This half-day seminar is designed to provide education and support to veterans with mental illness and their family members. Fred Osher, MD, will discuss treatment in the community and community resources. Bette Stewart, who is a Consultant and Trainer for Family Psychoeducation at the University of Maryland and a MIRECC researcher, will present information about the National Alliance for the Mentally Ill (NAMI) and the Family-to-Family education series. More details to come!

For more information, contact Cindy Clark, RNC, CD, at Cynthia.Clark2@med.va.gov or 410-605-7298

November 12, 2002

8:30 AM – 4:30 PM

Tenth Annual Maryland Schizophrenia Conference

Location: Martin's West, Baltimore, MD

Lunch will be provided

This all-day conference hosted by the Maryland Psychiatric Research Center will cover a variety of issues related to schizophrenia. Topics will include: etiology, pharmacotherapy, the role and use of evidence-based practice, and NIMH treatment development initiative.

For more information visit www.mdschizconf.org or call (410) 402-6051

December 2 & 3, 2002

Schizophrenia and the Criminal Justice System

Location: Sheraton Baltimore North Hotel, Towson, MD

This two-day conference will cover issues related to the interface between the criminal justice system and the mental health treatment needs of patients with schizophrenia. Topics will include: treatment of inmates with schizophrenia, prison diversion programs, the reduction of recidivism, and innovative programs for community re-entry.

To register or for more information, contact Erica Chestnut 1-800-949-1003, ext. 1857 or Erica.Chestnut@lrn.va.gov

March 29 – April 2, 2003

The International Congress on Schizophrenia Research

Location: The Broadmoor Hotel, Colorado Springs, Colorado

This biennial meeting allows scientists representing the broad range of disciplines involved with discovery in schizophrenia to gather to exchange data, techniques and ideas.

For more information and to register visit www.schizophreniacongress.org

June 9, 2003

Women and Affective Disorders 2003

Location: Sheraton Inner Harbor, Baltimore, MD

Topics to be announced.

For more information, contact Erica Chestnut 1-800-949-1003, ext. 1857 or Erica.Chestnut@lrn.va.gov